SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY		
 Complete items 1, 2, and 3. Alsitem 4 if Restricted Delivery is 0 Print your name and address o so that we can return the card Attach this card to the back of or on the front if space permits. 	so complete desired. n the reverse to you. the mailpiece	A. Signature X B. Received by (P)	t Va	Agent Addressee C. Date of Delivery
1. Article Addressed to: Apt Musto Ar My R	Phers	D. Is delivery address If YES, enter del	ss different from iten ivery address belov	n 1? Yes v: No
Majuell F Gulderman	319-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Service Type Certified Mail Registered Insured Mail Restricted Delivered	☐ C.O.D.	pt for Merchandise
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PS Form 3811, February 2004	Domestic Retu	ırn Receipt		102595-02-M-1540